

JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT

Serving the Residents of Jefferson County

1541 Annex Rd, Jefferson, WI 53549-9803

Ph: 920-674-3105

Fax: 920-674-6113

Children's Long Term Support One Form Per Visit

Consumer Name:	Service: DLS/Respite/SHC/Mentoring (Circle one)
Date of Visit:	Start Time: End Time:
	Person Completing Summary:

General (indicate if there were issues/concerns with the areas listed below and, if yes, offer details)

Health/Medical	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Medication Admin	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Eating	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sleeping	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Personal Care	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Comments:

On-Site Activities (indicate activities the client participated in)

<input type="checkbox"/> Watched movies/television	<input type="checkbox"/> Played games	<input type="checkbox"/> Physical (gym/exercise/playground)
<input type="checkbox"/> Read books/magazines, etc.	<input type="checkbox"/> Played on the computer	<input type="checkbox"/> Art (coloring, crafts, etc.)
<input type="checkbox"/> Education group	<input type="checkbox"/> Peer interactions	<input type="checkbox"/> Other:

Comments:

Off-Site Activities (indicate activities the client participated in)

<input type="checkbox"/> Movies	<input type="checkbox"/> Shopping	<input type="checkbox"/> Out to eat
<input type="checkbox"/> Recreational (park, exercise)	<input type="checkbox"/> Community (local events)	<input type="checkbox"/> Other:

Comments:

Positive Notes

<input type="checkbox"/> Good transition/adapted	<input type="checkbox"/> Got along well with others	<input type="checkbox"/> Listened to directions
<input type="checkbox"/> Participated	<input type="checkbox"/> Positive attitude	<input type="checkbox"/> Other

Comments:

Behavioral Issues

<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Verbal Aggression	<input type="checkbox"/> Agitation
<input type="checkbox"/> Self-Injurious	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Destructive
<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Elopement	<input type="checkbox"/> Other

Comments:

Supportive/Therapeutic Support Given		
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Redirection	<input type="checkbox"/> Positive Reinforcement
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> Calming Techniques	<input type="checkbox"/> Skill Development
<input type="checkbox"/> Active Listening	<input type="checkbox"/> Teaching, training, coaching	<input type="checkbox"/> Other
Comments:		

Location: W/CHILDRENS LONG TERM SUPPORT/FORMS/Respite Visit Summary

Updated: 04/18/16

Please forward the completed form to the child's Service Coordinator:

Mary Behm-Spiegler – MaryBS@jeffersoncountywi.gov

Maggie Messler – Maggiem@jeffersoncountywi.gov

Diane Curry – DianeC@jeffersoncountywi.gov

Kristen Wagner – KristenW@jeffersoncountywi.gov